

<b>Reference number(s)</b>
1976-A

## SPECIALTY GUIDELINE MANAGEMENT

### LUCENTIS (ranibizumab) BYOOVIZ (ranibizumab-nuna) CIMERLI (ranibizumab-eqrn)

#### POLICY

##### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indications

Lucentis, Byooviz and Cimerli are indicated for:

1. Neovascular (wet) age-related macular degeneration
2. Macular edema following retinal vein occlusion
3. Myopic choroidal neovascularization

Lucentis and Cimerli are also indicated for:

1. Diabetic macular edema
2. Diabetic retinopathy

All other indications are considered experimental/investigational and not medically necessary.

##### II. CRITERIA FOR INITIAL APPROVAL

###### A. Diabetic Macular Edema

Authorization of 6 months may be granted for treatment of diabetic macular edema.

###### B. Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

###### C. Macular Edema Following Retinal Vein Occlusion

Authorization of 6 months may be granted for treatment of macular edema following retinal vein occlusion.

###### D. Diabetic Retinopathy

Authorization of 6 months may be granted for treatment of diabetic retinopathy.

###### E. Myopic Choroidal Neovascularization

Authorization of 6 months may be granted for treatment of myopic choroidal neovascularization.

##### III. CONTINUATION OF THERAPY

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Authorization of 12 months may be granted for continued treatment of an indication listed in Section II for members who have demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

#### IV. REFERENCES

1. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; March 2018.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp>.
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp>.
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp>.
5. Byooviz [package insert]. Cambridge, MA: Biogen, Inc.; June 2022.
6. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.